

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90079 001 ****61.25

DOCUMENT # 743974

1. Corporation Name

TIGER POINT VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3298 SUMMIT BLVD.
SUITE 4
PENSACOLA FL 32503

Mailing Address

3298 SUMMIT BLVD.
SUITE 4
PENSACOLA FL 32503



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/18/1978

4. FEI Number

59-2869746

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ETHERIDGE, KEVIN
3298 SUMMIT BLVD.
SUITE 4
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME ZORN, N
STREET ADDRESS 1207 DELHI COVE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE DVP ☐ DELETE

NAME MCDONALD, T
STREET ADDRESS 36389 TIGER POINT BLVD
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☒ DELETE

NAME MAGALI, S
STREET ADDRESS 3627 TIGER POINT BLVD
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☐ DELETE

NAME FORSLEY, RICHARD
STREET ADDRESS 3758 BENGAL ROAD
CITY-ST-ZIP GULF BREEZE FL

TITLE DST ☐ DELETE

NAME BRADSHAW, KATIE
STREET ADDRESS 3849 W. MADURA ROAD
CITY-ST-ZIP GULF BREEZE ROAD FL

TITLE D ☐ DELETE

NAME COMPTON, LISA
STREET ADDRESS 3744 CEYTON
CITY-ST-ZIP GULF BREEZE FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition

1.2 NAME Bob Terry
1.3 STREET ADDRESS 1201 Delhi Cove
1.4 CITY-ST-ZIP Gulf Breeze, Fl. 32561

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME James Hardoin
2.3 STREET ADDRESS 3920 Tiger Point Blvd.
2.4 CITY-ST-ZIP Gulf Breeze, Fl. 32561

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Tim Norris
3.3 STREET ADDRESS 3736 Ceylon Drive
3.4 CITY-ST-ZIP Gulf Breeze, Fl.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)